

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████ 2019  
Signature Confirmation

██████████  
Request # 116546

NOTICE OF DECISION  
PARTY

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PROCEDURAL BACKGROUND

██████████, 2018, the Department of Social Services (the "Department") sent ██████████ (the "Applicant") a notice of action ("NOA") denying benefits to the Applicant under the Medicaid for Long Term Care ("LTC") program.

██████████, 2018, ██████████ (the "Appellant"), the Applicant's conservator requested an administrative hearing to contest the Department's decision to deny such benefits.

██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2018.

██████████, 2018, Attorney ██████████, the Appellant's Attorney requested a reschedule.

██████████, 2018, OLCRAH issued a notice rescheduling the hearing for ██████████ 2018.

██████████, 2018, the Appellant's Attorney requested a reschedule.

██████████, 2018, OLCRAH issued a notice rescheduling the hearing for ██████████, 2018.

[REDACTED], 2018, the Appellant's Attorney requested a reschedule.

[REDACTED], 2018, OLCRAH issued a notice rescheduling the hearing for [REDACTED], 2018.

[REDACTED], 2018, the Appellant's Attorney requested a reschedule.

[REDACTED], 2018, OLCRAH issued a notice rescheduling the hearing for [REDACTED], 2018.

[REDACTED], 2018, the Appellant's Attorney requested a reschedule.

[REDACTED], 2018, OLCRAH issued a notice rescheduling the hearing for [REDACTED] 2019.

[REDACTED], 2019, the Appellant's Attorney requested a reschedule.

[REDACTED], 2019, OLCRAH issued a notice rescheduling the hearing for [REDACTED], 2019.

[REDACTED], 2019, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

- [REDACTED], the Appellant, Applicant's conservator
- [REDACTED], Appellant's Attorney
- [REDACTED], Paralegal to Attorney David Mester
- Darlene Roger, Department's Representative
- Veronica King, Hearing Officer

The hearing record remained open until [REDACTED], 2019 for the submission of additional evidence. On [REDACTED] 2019, exhibits were received from the Appellant's Attorney. On [REDACTED] 2019, the Department's rebuttal was received. On [REDACTED], 2019, the record closed.

**STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Applicant's application for medical assistance for failing to provide required verifications within specified timeframe was correct.

**FINDINGS OF FACT**

1. [REDACTED], 2017, the Department received a W-1 LTC Long term Care/Waiver application. (Exhibit 1: Application [REDACTED]/17)
2. The [REDACTED] 2017, application indicated that the Applicant was divorced. The Application also indicates that the Applicant's divorce was in process/pending. (Exhibit 1)
3. [REDACTED], 2017, the Department sent the Appellant a W1348-LTC Addendum ("W1348-LTC") form requesting:

Please provide the requested information by [REDACTED]/17 so we can make a decision on your application.

We need the items checked below to process your application for Title 19, medical assistance for Long Term Care or Home Care Services. Failure to return the information by the date shown above may result in the denial of your application.

Applicant's Marital Status; divorce agreement; Bank Accounts: The Department reserves the right to request additional statements after we have had an opportunity to review the submitted information: Full lookback included all accounts opened/closed since [REDACTED] 2011 to present. This includes accounts held with spouse. [REDACTED] Webster- Missing [REDACTED] 2014 to [REDACTED]/16 and monthly from [REDACTED]/17 to present. [REDACTED] - Missing [REDACTED]/15 to present. [REDACTED] Provide [REDACTED] 2012 and 2013; Real Estate: [REDACTED] states on his financial affidavit that he pays \$17/month for property taxes and assessments. Does [REDACTED] own property?; Other Income: Client is receiving \$3000/month in alimony that needs to be paid to the nursing home; Medical Insurance: Verify payment for Med D Client pays \$237.20/month from her SS check. \$109 is for Med B and I assume \$128.20 for Med D.  
(Exhibit 2: W1348LTC #1, [REDACTED]/17)

4. [REDACTED], 2017, the Department sent the Appellant a second W1348-LTC, request #2, form requesting:

Please provide the requested information by [REDACTED]/17 so we can make a decision on your application.

We need the items checked below to process your application for Title 19, medical assistance for Long Term Care or Home

Care Services. Failure to return the information by the date shown above may result in the denial of your application.

Bank Accounts: The Department reserves the right to request additional statements after we have had an opportunity to review the submitted information. [REDACTED] - Missing [REDACTED] 2014 to [REDACTED] /16 and monthly from [REDACTED] /17 to present. [REDACTED] - Missing [REDACTED] /15 to present. [REDACTED] - Provide [REDACTED] 2012 and 2013.  
(Exhibit 3: W1348LTC, [REDACTED] /17)

5. [REDACTED], 2018, The Department sent the Appellant a third W1348LTC, request #3, form requesting:

Please provide the requested information by [REDACTED] /18 so we can make a decision on your application.

We need the items checked below to process your application for Title 19, medical assistance for Long Term Care or Home Care Services. Failure to return the information by the date shown above may result in the denial of your application.

Bank Accounts: The Department reserves the right to request additional statements after we have had an opportunity to review the submitted information. Assets eligibility needs to be verified that client has \$1600 or less. I need bank statements for Dec forward for [REDACTED]

# [REDACTED] verify the following large items:

[REDACTED] /16 \$50,000 withdrawal  
[REDACTED] /16 \$78,579 Withdrawal  
[REDACTED] /16 \$138774.58 Deposit  
[REDACTED] /16 \$5901.54 Deposit

I need full lookback for [REDACTED] and [REDACTED]. Divorce decree states these two accounts were joint. I never received bank statements for these accounts. In addition balances of these accounts were given to client from divorce. Once again we need to see how money was spent and current balances need to be below \$1600 in all assets.

I need to establish how much money was awarded to client from divorce. If client received less than half of total assets penalty will follow.

You may have your attorney call our attorney [REDACTED]  
[REDACTED]

(Exhibit 4: W1348 LTC, [REDACTED]/18)

6. [REDACTED], 2018, the Appellant send an email correspondence to the Department's representative. The email contained bank statements for [REDACTED] forward for [REDACTED] statements [REDACTED] 2012 through [REDACTED], 2017). The Appellant state that she contacted the Applicant's ex-husband and requested explanations/verification on the withdrawals and deposits in and out of the [REDACTED]. The Appellant also stated that she requested the [REDACTED] bank statement and will provide as soon as she receive it. (Appellant's Exhibit B: Email correspondences, Appellant's Exhibit C: Bank Statements and Exhibit 7: Case Notes screen prints)
7. [REDACTED] 2018, the Department sent the Appellant another W1348LTC, request #4, requesting:

Please provide the requested information by [REDACTED]/18 so we can make a decision on your application.

We need the items checked below to process your application for Title 19, medical assistance for Long Term Care or Home Care Services. Failure to return the information by the date shown above may result in the denial of your application.

Bank Accounts: The Department reserves the right to request additional statements after we have had an opportunity to review the submitted information.

[REDACTED] paid \$49, 900.34 to [REDACTED]. I need to see the name on account [REDACTED]

[REDACTED] verify the following large items:

[REDACTED] /16 \$50,000 withdrawal  
 [REDACTED] /16 \$78,579 Withdrawal  
 [REDACTED] /16 \$138774.58 Deposit  
 [REDACTED] /16 \$5901.54 Deposit

I need full lookback for [REDACTED] and [REDACTED] (these are all on the same statement and client's name is on these accounts). Divorce decree states these two accounts were joint. I never received bank statements for these accounts. In addition balances of these accounts were given to client from divorce. Once again we need to see how money was spent and current balances need to be below \$1600 in all assets.

I need to establish how much money was awarded to client from divorce. If client received less than half of total assets penalty will follow.

You may have your attorney call our attorney [REDACTED]

(Exhibit 5: W1348 LTC, [REDACTED] 18)

8. Between [REDACTED] 2018 and [REDACTED] 2018, the Department did not receive any correspondence, document or contact from the Appellant or the Appellant's Attorney. (Exhibit 7, Appellant's Exhibit C, Appellant's Exhibit D: Miscellaneous Correspondence, [REDACTED]/18 [REDACTED]/18, Appellant's Exhibit E: Miscellaneous Correspondence, [REDACTED]/17- [REDACTED]/18 and Hearing Record)
9. [REDACTED], 2018, the Department sent the Applicant a NOA denying benefits to the Applicant under the Medicaid for Long Term Care program. The NOA stated that the Applicant is not eligible because she did not return all of the required proofs by the date asked. (Exhibit 6: NOA, [REDACTED]/18)
10. The [REDACTED] bank account [REDACTED] it is a joint account (Applicant and Applicant's ex-husband). (Appellant's Exhibit C: Bank Statements )
11. [REDACTED], 2018, the Department was unable to establish the Applicant's total current assets. (Department's Representative's Testimony)
12. The Department's [REDACTED], 2018, denial was solely based on the Department's position that the Department did not receive requested verifications within specified timeframe. (Department's Representative Testimony)

### CONCLUSIONS OF LAW

1. Section 17b-2 and § 17b-260 of the Connecticut General Statutes, authorizes the Department of Social Services to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Uniform Policy Manual ("UPM") § 1015.10(A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit's rights and responsibilities.
3. The Department correctly sent the assistance unit's representative the W1348LTC application requirements list requesting information needed to establish eligibility.
4. UPM § 1010.05 (A) (1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all

pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.

5. UPM § 3525.05(A)(c) provides in part for cooperation in the eligibility process that Applicants are responsible for cooperating with the Department in completing the application process by: providing and verifying information as required.
6. UPM § 1505.40(B)(5)(a) provides that for delays due to insufficient verification, regardless of the standard of promptness, no eligibility determination is made when there is insufficient verification to determine eligibility when the following has occurred: 1. the Department has requested verification; and 2. at least one item of verification has been submitted by the assistance unit within a time period designated by the Department but more is needed.
7. UPM § 1505.40(B)(5)(b) provides that additional 10 day extensions for submitting verification shall be granted as long as after each subsequent request for verification at least one item of verification is submitted by the assistance unit within each extension period.
8. The Applicant's representatives failed to submit at least one item of verification within the extension period of [REDACTED] 2018, through [REDACTED], 2018.
9. UPM § 1505.35(D)(2) provides that the Department determines eligibility within the standard of promptness for the AFDC, AABD, and MA programs except when verification needed to establish eligibility is delayed and one of the following is true: the client has good cause for not submitting verification by the deadline, or the client has been granted a 10 day extension to submit verification which has not elapsed.
10. The Applicant's representatives failed to contact the Department or request an extension within the period of [REDACTED] 2018, through [REDACTED], 2018.
11. The Department correctly denied the Appellant's application for failure to submit information needed to establish eligibility within specified timeframe.

### DISCUSSION

It should be noted that while there were prior additional LTC applications and actions, this hearing solely deals with the [REDACTED], 2017 LTC application and the subsequent denial.

Both sides made arguments regarding the Applicants assets and final divorce decree. However, the issue to be decided in this decision is whether the denial due to failure to provide information within specified timeframe is correct. The denial and Notice of Action did not reflect the Department's position on the Applicant's assets.

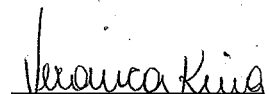
The Appellant and the Appellant's Counsel argued that the Appellant worked diligently in providing the Department with the necessary documentation. Because of the complexity of the case and the fact that the Applicant's divorce process was length and onerous, the Appellant testified that she feels like she provided the Department with what she had at the time.

While the Appellant's Counsel provided documents showing that the requested verifications were provided to the Department, it was provided after the denial in question (Fact #8 – Appellant's Exhibits D and F).

Upon review of the facts of the case, I conclude that on [REDACTED] 2018, Department correctly denied the [REDACTED], 2017, LTC application for failure to provide verification within specified timeframe. The Department provided clear and convincing evidence that between [REDACTED] 2018 and [REDACTED] 2018, the Department did not receive any of the requested items and there was no contact from the Applicant's representatives therefore its action to deny the application on [REDACTED] 2018 was correct

### DECISION

The Appellant's appeal is DENIED.

  
Veronica King  
Hearing Officer

CC: Musa Mohamud, Judy Williams, Jessica Carroll, DSS Operations Managers  
R.O. #10, Hartford  
Darlene Rogers, DSS Eligibility Service Worker, R.O. #60 Waterbury



### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.